

FOR DEPARTMENT OF REVENUE USE ONLY							
Date Rece	eived						
Date App	proved						
TDC#							
Other							
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HIGH TECHNOLOGY APPLICATION FOR TAX DEFERRAL 82.63 RCW and WAC 458-20-24003

(Please submit original application **and** one copy **before** construction begins and/or **before** possession of machinery and equipment is taken within Washington State)

Name of business as registered								
2. Mailing Address								
3. Name of contact person								
5. Department of Revenue Registration Number								
6. Deferral project addressStreet	City County							
	City County							
7. Technology (check boxes that apply) Advanced Computing Biotechnology Environmental Technology	Advanced Materials Electronic Devices Technology							
When answering questions 8-10 please be precise. Feel free to attack 8. Nature of pilot scale manufacturing activity	h extra pages if needed.							
10. Other								
Complete applicable questions 11-15 for your project.								
11. Date construction/expansion is to begin								
12. Date equipment is to be installed								
13. Anticipated project completion date								
14. Anticipated project costs (excluding cost of land):								
a) Construction of new structures(s)	\$							
b) Expansion/renovation of structures	\$							
c) Machinery & equipment purchase price	\$							
d) Total lease contract price for machinery and equipm	ent \$							
e) Fair market value of previously owned machinery ar equipment that is new to the state of Washington	nd \$							
15. Total (add a through e)	\$							

16.	Percentage	e of facility dev	oted to:						
	a)	Pilot scale ma	nufacturing				%	-	
	b)	Research & de	evelopment				%	-	
	c)	Other					%	_	
17.	Will this p	roject create a	new business	operation?	□ Yes		No		
18.		•		•				sed value) of the existing plant complex of the tax deferral project?	
	a)	Structure(s)	\$					-	
	b)	Machinery	\$					-	
	c)	Total	\$					_	
19.	19. Will the facility housing the operations be leased by applicant? Yes No								
20.	20. Will the new structure(s) be built by a lessor who will pass on this tax exemption benefit to a lessee? ☐ Yes ☐ No								
21.	21. Will the ownership of the newly constructed leased structure be vested in the same person as the applicant? ☐ Yes ☐ No								
If que	stion 20 or	21 is yes, attac	ch form REV	81 1012, "H	igh Techno	ology	Application	on for Tax Deferral for Lessor."	
22. Total statewide full- time positions for this business									
23.	Total full-	time positions p	prior to projec	t at this site					
24. New full-time positions to be created as a result of this project									
25.	25. Estimated average annual wage per employee filling new positions								
26.		positions be fi ☐ No If	•		-			e?	
27.	27. The processing of this application may require the submission of additional data, statements, and other information to the Department of Revenue in order to comply with the administrative and statutory requirements of the law.								
NO	TICE: A _I	oplications and	other informa	ion received	by the Dep	artme	nt under t	his chapter are not confidential and are	

subject to disclosure. Only non-proprietary information is required on this application.

Keep a copy of completed form for your records

To inquire about the availability of this form in an alternate format for the visually impaired or in a language other than English, please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access tax information on our Internet home page at http://dor.wa.gov